

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001319

AMENDED

Register (for filing only)

FILED FEB 3 5 1962

Primary Registration District No.

3022

Registrar's No.

16

STATE FILE NUMBER

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Harrison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany | | c. CITY OR TOWN Bethany | |
| Length of stay in 1b 2 1/2 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1704 Miller Street | | d. STREET ADDRESS (If outside, give location) 1704 Miller Street | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Harrison Middle Edgar Last Bowen | | 4. DATE OF DEATH Month January Day 30 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Apr 19, 1889 |
| 9. AGE (last birthday) 72 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner (Ret.) | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | |
| 11. BIRTHPLACE (City and state or country) Eagleville, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James Bowen | | 13b. MOTHER'S MAIDEN NAME Carrie Wyant | |
| 14. NAME OF HUSBAND OR WIFE Myrtle E. Bowen | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. X | | 17. INFORMANT Myrtle E. Bowen | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANOXEMIA | | INTERVAL BETWEEN ONSET AND DEATH 10 MIN. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA OF LUNG | | 2 MONTHS | |
| DUE TO (c) PRIMARY BRONCHIOGENIC CARCINOMA | | 4 MONTHS | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 12-21-61 to 1-30-62 and last saw her alive on 1-30-62 Death occurred at 8:45 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. H. Scamahorn, D.O. | | 22b. ADDRESS Bethany, Mo. | |
| 22c. DATE SIGNED 1-31-62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 2-1-62 | | 23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery | |
| 23d. LOCATION (City, town, or county) Bethany | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR W. George Nitch | | 25. DATE REC'D. BY LOCAL REG. 2-1-1962 | |
| 26. REGISTRAR'S SIGNATURE Jella Mayes | | 27. ADDRESS Bethany, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987

P.O. Address Bethany, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.